2nd TheolCon The Theology International Conference

PROCEEDINGS OF THE INTERNATIONAL CONFERENCE ON THEOLOGY, RELIGION, CULTURE, AND HUMANITIES
Volume 1, Issue 2, December 2024 (309-319)

Between Diversity and Disorder: Trans Identities Reconsidered

Ezra Iskandar[a,1], Samuel Soegiarto[b]
[a,b] *Petra Christian University*

[1] Corresponding Email: ezra.a.iskandar@petra.ac.id
DOI: https://doi.org/10.24071/tic.v1i2.8994

Abstract

Transgender communities perceive Christians as oppressive, intolerant, and obsolete, especially when the latter condemns them. Transgender, loosely defined, is a person who feels that [*her*] *gender identity does not conform to* [*her*] *sex assigned at birth. This experience can also be called gender identity disorder* (*GID*). *Few transgenders decide to go as far as undergoing sex reassignment surgery and hormone therapy. This paper seeks to explore the concepts of transgender identity by offering comparison to the concepts of transability. Transability, loosely defined, is a person who feels that her disabled identity does not conform to her able-physical body. This can also be called Body Integrity Identity Disorder* (*BIID*). *A transabled person, for example, feels that she is a limp—having limp identity—despite having normally healthy legs. Few transabled individuals decide to go as far as undergoing amputation. This paper, incorporating theological perspective on the sanctity of human body and philosophical considerations of bodily integrity, invites us to come up with a consistent ethical stance that either acknowledges both* (*GID and BIID*) *as expressions of diversity or rejects both* (*GID and BIID*) *as forms of disorder.*

Keywords

transgender, transabled, gender identity disorder, amputation, GID, BIID

INRODUCTION

Chloe Jennings-White, who lives with a unique condition where she feels a disconnect between her physical body and her sense of self, has openly expressed a desire to be paraplegic.[1] Despite being physically able-bodied, Jennings-White experiences a profound longing to live as if her legs were not functional. She has gone as far as using a wheelchair for mobility, despite having the capability to walk. Her family, while trying to understand her condition, has navigated complex emotions and societal judgments. Jennings-White's life has been one of seeking a physical state

[1] "Woman Wants to Be Permanently Paralysed: Body Integrity Identity Disorder," YouTube video, 10:35, published July 16, 2013, accessed March 6, 2024, https://www.youtube.com/watch?v=7xujgH_C2q8.

that aligns with her internal identity, striving for a sense of completeness and authenticity in her daily life.

Jewel Shuping's life took a dramatic turn when, driven by a deep-seated desire to be blind, she took actions that resulted in the loss of her sight.[2] From a young age, Shuping felt that her vision was not a part of her identity and dreamed of living as a blind person. With the help of a sympathetic psychiatrist, she managed to achieve her desired state of blindness. Throughout this process, her family faced significant challenges, grappling with understanding her needs and coping with the outcomes of her actions. Shuping's pursuit of her identity has involved a complex interaction with her physical senses, leading her to a life she believes to be authentic to herself.

Chloe Jennings-White and Jewel Shuping are known for their experiences with Body Integrity Identity Disorder (BIID), a condition where individuals do not identify with a part of their body and often desire a disability that aligns with their body image. They believe they would be happier living with a disability. Symptoms include intense and persistent desires to amputate or disable functioning parts of the body, feelings of distress, and discomfort with being able-bodied. In response to these feelings, some individuals with BIID make life-changing decisions, such as undergoing elective amputations, to align their physical bodies with their psychological identities. These actions are often seen as the last resort for individuals seeking relief from the constant distress caused by the disorder.

The scientific community has explored various hypotheses to understand Body Integrity Identity Disorder (BIID), including neurological, psychological, and socio-cultural explanations, yet none have provided a comprehensive understanding. Researchers have speculated on a mismatch between the brain's map of the body and the physical body itself, among other theories, but conclusive evidence remains elusive. Despite the lack of a universally accepted explanation, there is a strong consensus among psychologists and medical professionals to classify BIID as a disorder. This consensus is moving towards formal recognition, with discussions on including BIID in diagnostic manuals like the DSM, underscoring the need for a standardized approach to diagnosis and treatment.

[2] "I Made Myself Blind: Living With BIID," YouTube video, 6:18, published October 1, 2015, accessed March 6, 2024, https://www.youtube.com/watch?v=WdRihAJ3H9Q.

Caitlyn Jenner, formerly known as Bruce Jenner, captured the world's attention with her transition, which she publicly shared in 2015. Before transitioning, Jenner was an Olympic gold medalist, known for a remarkable decathlon win in the 1976 Summer Olympics. Following her athletic career, she also became a television personality, notably appearing on the reality TV show "Keeping Up with the Kardashians." Jenner's transition from male to female was a significant moment in public discussions about transgender people and their visibility in society (Brockes, 2017).[3] She has since been an advocate for transgender rights, sharing her journey through various media platforms, aiming to raise awareness and understanding about transgender issues.

In our country there is Lucinta Luna, an Indonesian singer, actress, and social media personality known for her controversial presence in the entertainment industry. Born in 1989 under the name of Muhammad Fatah as a male, Luna later came out as a transgender woman.[4] Lucinta has been a subject of intense media scrutiny and public discussion, both for her gender identity and for various incidents and controversies surrounding her personal and professional life. Last year Luna shocked the netizens by claiming that she was pregnant, which later on she finally admitted that it was all just a gimmick to boost her income from being invited to podcasts and TV shows.

Caitlyn Jenner and Lucinta Luna, through their life journeys, have brought attention to the concept of Gender Identity Disorder (GID). GID is included in DSM-III and DSM-IV as a diagnosis referring to individuals who experienced a strong and persistent cross-gender identification, along with discomfort with their assigned sex. However, DSM-V replaced Gender Identity Disorder with Gender Dysphoria (GD), shifting the focus to the distress experienced rather than pathologizing the gender identity itself. GID and being transgender, though closely related, are not synonymous. Being transgender refers to an identity where one's gender does not align with one's assigned sex at birth. Not all transgender persons experience

[3] Emma Brockes, "Caitlyn Jenner on Transitioning: 'It Was Hard Giving Old Bruce up. He Still Lives inside Me,'" *The Guardian*, May 8, 2017, Life and Style section, accessed March 6, 2024, https://www.theguardian.com/tv-and-radio/2017/may/08/caitlyn-jenner-bruce-transitioning-kardashians-reality-tv-star.

[4] "PN Jaksel: Lucinta Luna Operasi Ganti Kelamin di Thailand," *Liputan6.com*, February 13, 2020, accessed March 6, 2024, https://www.liputan6.com/news/read/4178329/pn-jaksel-lucinta-luna-operasi-ganti-kelamin-di-thailand.

dysphoria; but many who experience dysphoria identify themselves as transgender. This is because transgender is an umbrella term that covers expressions of gender variance even if psychologists doubt whether those under the umbrella would all meet criteria for Gender Dysphoria.[5]

DSM-IV identifies several criteria to establish the diagnosis of Gender Identity Disorder.[6] Symptoms of GD might include a strong desire to be treated as a different gender than the one assigned at birth, a significant discomfort with one's own sexual anatomy, and a deep conviction of having the typical feelings and reactions of a different gender (APA, 2013). To alleviate the distress of GD, individuals may undergo gender-affirming procedures, such as hormone replacement therapies, mastectomies, or genital reconstruction surgeries, among other medical interventions. These life-changing decisions are deeply personal and are often critical steps in aligning one's physical appearance with their gender identity, thereby reducing the psychological distress associated with GD.

Symptoms	Gender Identity Disorder	Body Integrity Disorder
A marked incongruence between	one's experienced/expressed gender and primary and/or secondary sex characteristics	one's experienced/expressed disability and primary and/or secondary healthy limbs
A strong desire to be rid of	one's primary and/or secondary sex characteristics	one's primary and/or secondary healthy limbs
A strong desire for	the primary and/or secondary sex characteristics of the other gender	primary and/or secondary limbs (rare); prosthetic leg, cyborg arms, etc
A strong desire to be	of the other gender treated as the other gender	of the disabled treated as the disabled
A strong conviction THAT	one has the typical feelings and reactions of the other gender	one has the typical feelings and reactions of the disabled

Table 1. The Parallel of Symptoms between GID and BIID

[5] Mark A. Yarhouse, *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture* (Downers Grove, Illinois: IVP Academic, 2015), 93.

[6] American Psychological Association, *DSM-IV*, 576.

In contrast to the pathologization of conditions like BIID, the scientific and medical communities, particularly in psychology, view Gender Dysphoria and transgender identity through a lens of diversity rather than disorder. This perspective is reflected in the evolving guidelines and classifications in medical texts, such as the DSM-5, which recognizes GD but also emphasizes supporting and affirming transgender individuals in their gender identity. This shift marks a significant step toward celebrating gender diversity, advocating for the acceptance and support of transgender individuals, and recognizing the legitimacy of their experiences and identities.

This leads us to a crossroads of understanding and acceptance between GD and BIID. Both conditions involve a deep-seated feeling of misalignment between one's physical state and their identity, yet the responses they elicit are markedly different. We are presented with three possible stances: first, treating both as disorders, suggesting a need for individuals to 'cure' their incongruence; second, affirming both as expressions of human diversity, deserving of support and acceptance; or third, the current prevailing approach which celebrates and supports GD as part of gender diversity while often stigmatizing BIID.

METHOD

The method used to research this article is literature/library research. The inspiration of this article is from Baril's intersectional study between trans body and disabled body which applies the composite model.[7] The author then tries to approach the same intersectionality but this time from both Christian theological resources and contemporary philosophical approaches with the hope of finding the most consistent and coherent stance.

RESULT AND DISCUSSION

Categorizing both BIID and GID as disorders

Addressing Gender Identity Disorder (GID) and Body Integrity Identity Disorder (BIID) from the perspective that both should be classified and treated as disorders requires a nuanced exploration of both theological and philosophical arguments. There are four arguments in supporting this position.

[7] Alexandre Baril, "Transness as Debility: Rethinking Intersections between Trans and Disabled Embodiments," *Feminist Review* 111, no. 1 (November 2015): 59–74, https://doi.org/10.1057/fr.2015.21.

Firstly, the Christian theological framework posits that humans are an integrated structure of physical and non-physical (mental or psyche) elements, crafted by God to function in seamless harmony; which shows the hallmark of design—plan, will, intention.[8] This ideal state reflects God's design for creation, where a person's physical and non-physical dimensions are not in conflict but complement each other. Instances of emotional distress leading to physical symptoms, such as the way profound grief can manifest as digestive issues, exemplify the interconnectedness of our mental and physical states. Similarly, physical experiences, such as pain and limitation from a broken bone, can lead to psychological effects like depression or a sense of vulnerability. These examples illustrate the natural dialogue between body and mind, intended to coexist harmoniously. Disruptions to this balance, as seen in GID and BIID, can be viewed within this theological context as deviations from the divine blueprint for human wholeness.

Secondly, in traditional Christian doctrine, sin is understood as a fundamental disruption of shalom, the perfect peace and harmony in which creation was intended to exist. This disruption is manifest in various forms of brokenness in the world: in the relationship between God and humanity (evidenced by rebellion and irreligiosity), among humans (through conflict, injustice, and inequality), and between humans and the rest of creation (resulting in environmental degradation and natural disasters). Sin brings a new self-orientation into our lives.[9] The discord observed in GID and BIID can be interpreted as another manifestation of sin's pervasive impact, specifically affecting the harmony between the physical and non-physical aspects of individuals. This perspective suggests that the sense of disconnection experienced by those with GID and BIID reflects a broader spiritual and relational fracture, indicative of the brokenness sin introduces into all aspects of creation, including human identity and bodily integrity.

Thirdly, philosophically, if humans consist of both body and mind, a critical question arises: why should mismatches between these two components necessitate changes to the body rather than adjustments to the mind's perception? In daily life,

[8] Nancy R. Pearcey, *Love Thy Body: Answering Hard Questions about Life and Sexuality* (Baker Books, 2019), 21.

[9] Timothy C. Tennent and Ajith Fernando, *For the Body: Recovering a Theology of Gender, Sexuality, and the Human Body* (Grand Rapids, MI: Zondervan, 2020), 63.

physical sensations and indicators are highly trusted as reliable sources of information about our health and well-being.[10] This trust is evidenced by the medical community's reliance on physical tests (e.g., blood tests for cholesterol levels, DNA testing for genetic disorders) and the global effectiveness of treatments and vaccines across diverse populations.[11] Such reliance underscores the body's role as a trustworthy and universal indicator of health, raising philosophical concerns about prioritizing mental desires for bodily alteration in GD and BIID over the inherent signals provided by a functioning body.

Lastly, the concept of the human body's sanctity and integrity is central to numerous ethical and philosophical frameworks, arguing against the moral justification for harming or removing healthy organs. This principle challenges the desires for amputation characteristic of BIID and the significant surgical alterations sought in the context of GID. Even when these decisions are made by informed adults exercising their autonomy, the ethical implications of performing surgeries that irreversibly damage or remove functioning body parts remain contentious. This dilemma is further compounded when considering the mental state of individuals desiring such changes, influenced by GID or BIID, which some may argue is not conducive to making such life-altering decisions. The surgical alteration or amputation of healthy body parts, based on the subjective experiences associated with these conditions, confronts the ethical commitment of medical professionals to do no harm and to prioritize interventions that preserve or restore health.

Categorizing both BIID and GID as diversity

Adopting the stance that both Body Integrity Identity Disorder (BIID) and Gender Identity Disorder (GID) should be affirmed as expressions of diversity appear, on the surface, to champion tolerance and inclusivity. However, this position encounters several compelling counterarguments.

Firstly, consider the hypothetical scenario of a 12-year-old named Jack, who, with perfectly healthy eyes, insists he should have been born blind and seeks his parents' support for transition to blindness. Such a situation strikes many as counterintuitive and deeply troubling, yet when the context is changed from

[10] Matthew Mason, "The Authority of the Body: Discovering Natural Manhood and Womanhood," *Bulletin of Ecclesial Theology 4*(2), 39-57, 2017, 43.

[11] N. Salari et al., "Efficacy of COVID-19 Vaccines by Race and Ethnicity," *Public Health* 208 (July 2022): 14–17, https://doi.org/10.1016/j.puhe.2022.04.009.

blindness to gender—where Jack believes he should have been born the opposite sex—the societal reaction often shifts towards support for transitioning. This discrepancy reveals an inconsistency in our collective intuitions about identity and bodily integrity, challenging the coherence of uncritically affirming all forms of self-identified bodily dysphoria.

Secondly, affirming BIID similarly to GD opens the door to numerous requests for amputations or alterations of healthy organs.[12] This raises significant ethical concerns about the role of medical professionals in facilitating such procedures. The core principle of medicine—"do no harm"—is called into question when practitioners are asked to remove or alter healthy body parts based solely on an individual's subjective experience of dysphoria. The medical community's moral justification for participating in these interventions, even when requested by an informed adult exercising autonomy, remains highly contentious.[13]

Thirdly, the permanence of decisions related to BIID and GD is a critical concern. There are documented cases of individuals who, after undergoing transition procedures, experience regret and wish to detransition.[14] For example, an individual who transitioned from male to female during adolescence later realized in adulthood that the decision, made during a tumultuous period of identity formation, was not reflective of their true self. This realization came after irreversible surgeries and hormone treatments that had lasting impacts on their body, including sterility.[15] Such stories underscore the weight of decisions surrounding gender transition and BIID-related surgeries, highlighting the need for caution and thorough consideration of the long-term consequences.

Lastly, by affirming the desires of individuals with BIID to acquire disabilities, there is a risk of undermining the experiences and struggles of those living with actual

[12] First explores reasons why anyone desires amputation in Michael B. First, "Desire for Amputation of a Limb: Paraphilia, Psychosis, or a New Type of Identity Disorder," *Psychological Medicine* 35, no. 6 (June 2005): 919–28, https://doi.org/10.1017/S0033291704003320.

[13] To explore the moral-ethical perspective on amputating healthy limbs, see Tim Bayne and Neil Levy, "Amputees By Choice: Body Integrity Identity Disorder and the Ethics of Amputation," *Journal of Applied Philosophy* 22, no. 1 (March 2005): 75–86, https://doi.org/10.1111/j.1468-5930.2005.00293.x.

[14] Walt Heyer, "I Was a Transgender Woman," *Public Discourse*, April 1, 2015, accessed March 7, 2024, https://www.thepublicdiscourse.com/2015/04/14688/.

[15] See chapter 2 of Abigail Shrier, *Irreversible Damage: The Transgender Craze Seducing Our Daughters* (Washington, DC: Regnery Publishing, 2021).

disabilities.[16] People with disabilities often face significant challenges, including societal barriers, discrimination, and the ongoing quest for treatments or cures. To equate a desire to acquire a disability with the lived experience of those who navigate life with disabilities can be seen as diminishing the real struggles faced by the disability community. For instance, the allocation of resources like disability parking spaces, which are designed to accommodate the specific needs of people with disabilities, could be compromised if used by individuals who have chosen to become disabled.[17] This not only stretches the resources meant to support those with genuine needs but also muddles the understanding and recognition of disability.

Categorizing only BIID as disorder

The current stance within much of society and the medical community is to classify Body Integrity Identity Disorder (BIID) as a disorder while recognizing Gender Dysphoria (GD) as an aspect of diversity. However, this distinction raises significant questions regarding the basis or criteria used for such differentiation, especially in light of the arguments that both conditions share similar underlying experiences of a disconnect between one's physical reality and identity perception. Here, we explore four arguments that attempt to justify this distinction, alongside counterarguments that challenge their validity.

Firstly, one argument posits that BIID should be classified as a disorder based on its supposed inclusion in diagnostic manuals like the DSM,[18] whereas GID has been removed from the list of disorders, reflecting a conceptual shift towards viewing it as part of gender diversity. Critics argue that this distinction begs the question, as it relies on the classification itself as justification without addressing why such a differentiation is made. It's worth noting that GID was previously listed as a disorder, and its removal has sparked debates on whether this decision was driven by scientific evidence or influenced by political and social pressures.[19] Without clear, distinct

[16] Baril makes a good case in Alexandre Baril, "'How Dare You Pretend to Be Disabled?' The Discounting of Transabled People and Their Claims in Disability Movements and Studies," *Disability & Society* 30, no. 5 (May 28, 2015): 689–703, https://doi.org/10.1080/09687599.2015.1050088.

[17] Doron Dorfman, "Fear of the Disability Con: Perceptions of Fraud and Special Rights Discourse," *SSRN Electronic Journal*, 2019, https://doi.org/10.2139/ssrn.3463814.

[18] Jenny L. Davis, "Narrative Construction of a Ruptured Self: Stories of Transability on Transabled.Org," *Sociological Perspectives* 55, no. 2 (June 2012), https://doi.org/10.1525/sop.2012.55.2.319, 322.

[19] To understand the issue further please read Robbie Duschinsky and Véronique Mottier, "The *DSM-5* as Political Battleground: Gender Identities, Sexual Norms and Female Desire," *Psychology & Sexuality*

criteria differentiating BIID from GD, the reclassification of GD could be seen as arbitrary or not entirely grounded in empirical science.

Secondly, some argue that BIID and GD can be differentiated based on the type of organs involved, with BIID concerning non-sexual organs and GD focusing on sexual organs. However, this distinction is not as clear-cut as it seems. Instances of BIID are often intertwined with sexual factors, such as individuals desiring disabilities due to sexual attraction to those conditions. Moreover, the implication that sexual organs are somehow more malleable or subject to modification than other body parts challenges our understanding of bodily integrity and autonomy.

Thirdly, another argument hinges on the relative rarity of BIID compared to the more common occurrence of GD. However, using prevalence as a criterion for distinguishing between disorder and diversity is problematic. The rarity of a condition does not inherently determine its classification; historical shifts in the understanding of GD demonstrate how societal perceptions and medical classifications evolve. Ian Hacking's concept of the "looping effect" illustrates how psychological phenomena can create new identities and realities,[20] further complicating attempts to use prevalence as a basis for classification.

Lastly, proponents of distinguishing BIID and GD often argue that BIID leads to destructive outcomes, such as the desire for amputation of healthy limbs, whereas transitioning in the context of GD can be a reparative process, allowing individuals to rediscover their true identity. However, this perspective is challenged by cases of detransition, where individuals regret their decision to undergo gender transition procedures, indicating that the outcomes of GD are not uniformly reparative. Furthermore, the irreversible nature of many transition-related medical interventions and the social implications, including the contentious issue of trans athletes competing in women's sports, suggest that the impact of GD can also be destructive in various ways.

CONCLUSION

Among the three stances, classifying both Gender Dysphoria (GD) and Body Integrity Identity Disorder (BIID) as disorders emerges as the most coherent and

7, no. 1 (January 2, 2016): 1–5, https://doi.org/10.1080/19419899.2015.1024468 and also Zowie Davy and Michael Toze, "What Is Gender Dysphoria? A Critical Systematic Narrative Review," *Transgender Health* 3, no. 1 (November 2018): 159–69, https://doi.org/10.1089/trgh.2018.0014.

[20] Ian Hacking, "Making Up People," *Historical Ontology* (Harvard University Press, 2004), 99.

constructive approach. This stance is not about demonizing or discriminating against individuals experiencing these conditions but aims at fostering a pathway toward genuine healing and understanding. By recognizing these experiences as disorders, we can focus on providing comprehensive care and support free from the influences of political correctness and the pitfalls of blind activism. This commitment encourages a compassionate and nuanced exploration of identity and bodily integrity, prioritizing the well-being of individuals over societal or ideological pressures.

BIBLIOGRAPHY

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders 4 – TR*. 2000.

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders 5 – TR*. 2013.

Baril, Alexandre. "'How Dare You Pretend to Be Disabled?' The Discounting of Transabled People and Their Claims in Disability Movements and Studies." *Disability & Society* 30, no. 5 (May 28, 2015): 689–703. https://doi.org/10.1080/09687599.2015.1050088.

Baril, Alexandre. "Transness as Debility: Rethinking Intersections between Trans and Disabled Embodiments." *Feminist Review* 111, no. 1 (November 2015): 59–74. https://doi.org/10.1057/fr.2015.21.

Brockes, Emma. "Caitlyn Jenner on Transitioning: 'It Was Hard Giving Old Bruce up. He Still Lives inside Me.'" *The Guardian*, May 8, 2017, sec. Life and style. https://www.theguardian.com/tv-and-radio/2017/may/08/caitlyn-jenner-bruce-transitioning-kardashians-reality-tv-star.

Bayne, Tim, and Neil Levy. "Amputees By Choice: Body Integrity Identity Disorder and the Ethics of Amputation." *Journal of Applied Philosophy* 22, no. 1 (March 2005): 75–86. https://doi.org/10.1111/j.1468-5930.2005.00293.x.

Davis, Jenny L. "Narrative Construction of a Ruptured Self: Stories of Transability on Transabled.Org." *Sociological Perspectives* 55, no. 2 (June 2012): 319–40. https://doi.org/10.1525/sop.2012.55.2.319.

Davy, Zowie, and Michael Toze. "What Is Gender Dysphoria? A Critical Systematic Narrative Review." *Transgender Health* 3, no. 1 (November 2018): 159–69. https://doi.org/10.1089/trgh.2018.0014.

Dorfman, Doron. "Fear of the Disability Con: Perceptions of Fraud and Special Rights Discourse." *SSRN Electronic Journal*, 2019. https://doi.org/10.2139/ssrn.3463814.

Duschinsky, Robbie, and Véronique Mottier. "The *DSM-5* as Political Battleground: Gender Identities, Sexual Norms and Female Desire." *Psychology & Sexuality* 7, no. 1 (January 2, 2016): 1–5. https://doi.org/10.1080/19419899.2015.1024468.

First, Michael B. "Desire for Amputation of a Limb: Paraphilia, Psychosis, or a New Type of Identity Disorder." *Psychological Medicine* 35, no. 6 (June 2005): 919–28. https://doi.org/10.1017/S0033291704003320.

Heyer, Walt. "I Was a Transgender Woman." Public Discourse, April 1, 2015. https://www.thepublicdiscourse.com/2015/04/14688/.

Hacking, Ian. "Making Up People" in *Historical ontology* (pp. 99-115). Harvard University Press, 2004.

Liputan6.com. "PN Jaksel: Lucinta Luna Operasi Ganti Kelamin di Thailand." *liputan6.com*, February 13, 2020. https://www.liputan6.com/news/read/4178329/pn-jaksel-lucinta-luna-operasi-ganti-kelamin-di-thailand.

Mason, Matthew. "The Authority of the Body: Discovering Natural Manhood and Womanhood" in *Bulletin of Ecclesial Theology 4*(2), 39-57, 2017.

Pearcey, Nancy R. *Love Thy Body: Answering Hard Questions about Life and Sexuality*. Grand Rapids, MI: Baker Books, 2019.

Salari, N., A. Vepa, A. Daneshkhah, N. Darvishi, H. Ghasemi, K. Khunti, and M. Mohammadi. "Efficacy of COVID-19 Vaccines by Race and Ethnicity." *Public Health* 208 (July 2022): 14–17. https://doi.org/10.1016/j.puhe.2022.04.009.

Shrier, Abigail. *Irreversible Damage: The Transgender Craze Seducing Our Daughters*. Washington, DC: Regnery Publishing, 2021.

truly. "Woman Wants To Be Permanently Paralysed: Body Integrity Identity Disorder." July 16, 2013. YouTube video. https://www.youtube.com/watch?v=7xujgH_C2q8

truly. "I Made Myself Blind: Living With BIID." October 1, 2015. YouTube video. https://www.youtube.com/watch?v=WdRihAJ3H9Q.

Tennent, Timothy C., and Ajith Fernando. *For the Body: Recovering a Theology of Gender, Sexuality, and the Human Body*. Grand Rapids, Michigan: Zondervan, 2020.

Yarhouse, Mark A. *Understanding Gender Dysphoria: Navigating Transgender Issues in a Changing Culture*. Downers Grove, Illinois: IVP Academic, 2015.